

TRICARE Fundamentals Course

Module 8

Other Activities

Participant Guide

References

10 U.S.C.

32 C.F.R. § 199.5, 6, 8

DoD 6025.18, DoD Health Information Privacy Regulation

Health Insurance Portability and Accountability Act (HIPAA), 1996


TRICARE Policy Manual 6010.47-M

Service Medical Policy


10 U.S.C. § 1582 SEC. 1102

DoD Directive 6000.14

Module Objectives




Module Objectives




- Identify the special programs
- Locate contact information for the special programs
- Identify who is affected by HIPAA

Other Activities



Other Activities



- USFHP
- PFPWD
- TRICARE Plus
- TRICARE Online
- HIPAA
- CAP
- Program Integrity

Uniformed Services Family Health Plan

Eligibility

- The U.S. Family Health Plan (USFHP) (also known as “TRICARE Prime Designated Providers”) offers the same health care benefits as TRICARE Prime, plus program-specific enhancements offered by the six not-for-profit healthcare systems who administrate this Prime option. Examples of enhancements include self-referring well-woman exams and dental, eye care and hearing aid discounts and options.
- Uses the same cost structure for eligible individuals and families as TRICARE Prime.
- USFHP is an added option to TRICARE Prime or TRICARE For Life available to eligible beneficiaries if they live in one of the six service areas where USFHP is offered.
- Beneficiaries must fall into one of the below categories to be eligible:
 - Eligible active duty family members
 - Uniformed services retirees – including those age 65 and over
 - Eligible family members of uniformed services retirees – including those age 65 and over
 - Eligible family members of deceased active duty or retired uniformed services members – including those age 65 and over.
 - Qualifying re-activated Reserve component family members
- Active duty personnel are not eligible (however their family members are eligible).
- The Defense Enrollment Eligibility Reporting System (DEERS) is the key for determining eligibility.

Where to Receive Care

You can enroll in the USFHP managed-care option in six areas of the country with USFHP programs operated and provided by:

- Saint Vincent Catholic Medical Centers of New York, 450 West 33rd Street 14th floor, New York, NY 10001. Telephone: 1-800-241-4848, www.usfamilyhealthplan.org. Serving New York, all of New Jersey, eastern Pennsylvania, and southern Connecticut.
- Johns Hopkins Medical Services Corporation, 6704 Curtis Court, Glen Burnie, MD 21060. Telephone: 1-800-808-7347, www.hopkinsmedicine.org/usfhp. Serving Maryland, Washington DC, and parts of Pennsylvania, Virginia, and West Virginia.
- Brighton Marine Health Center (in conjunction with St. Elizabeth’s Medical Center), P.O. Box 9195, Watertown, MA 02471. Telephone: 1-800-818-8589, www.usfamilyhealthplan.org. Serving Massachusetts and Rhode Island.

- Martin's Point Health Care Center, P.O. Box 9746, Portland, ME 04104-5040. Telephone: 1-888-241-5040, www.usfamilyhealthplan.org. Serving Maine and Southern New Hampshire.
- Pacific Medical Centers (PacMed Clinics), 1200 12th Avenue South, Seattle, WA 98144. Telephone: 1-888-958-7347, www.pacmed.org. Serving the Puget Sound area of Washington State.
- CHRISTUS Health (serving Southeast Texas and Southwest Louisiana). P.O. Box 924708, Houston, TX 77292-4708. Telephone: 1-800-678-7347, www.usfamilyhealthplan.org/.

Beneficiaries can find out more information about each of the designated providers (DP) and the services that are covered by the Plan on the Internet at the USFHP Web site at www.usfhp.org or www.usfamilyhealthplan.org. The national toll free number is 1-800-74U-SFHP (1-800-748-7347).

Purpose

The USFHP has served the health care needs of military beneficiaries since 1993, under an earlier contract with the Department of Defense (DoD). The not-for-profit healthcare systems providing US Family Health Plan care have been involved in serving the military beneficiaries since 1981. In 1998, the DoD contracted with certain former U.S. Public Health Service hospitals to be TRICARE Prime designated providers through the administration of USFHP programs. The USFHP provides TRICARE Prime benefits using the same cost shares for eligible persons who enroll— including those persons who are Medicare eligible, at these not-for-profit hospital and healthcare systems named as designated providers.

- All care for a USFHP enrollee that is going to be cost shared by the Government must be received from the DP or the approved network of providers, unless the enrollee is traveling (see more about transferring your enrollment to a second DP or TRICARE region below).
- Enrollees must live in specific ZIP code catchment areas around the DP's network of providers.
- Enrollees choose a Primary Care Physician (PCP) and that physician refers and directs their care to a network of specialists and hospitals contracted by the USFHP and located close to the beneficiary.
- While enrolled in the USFHP, beneficiaries are restricted from using services within the Military Health System (MHS) including TRICARE retail pharmacy and TRICARE Mail Order Pharmacy programs
 - Except: if the individual has been referred to a MTF by a provider within USFHP
 - Except: if they have an acute medical emergency and the MTF is the closest to them

- USFHP offers comprehensive health coverage and pharmacy benefits provided through networks of private physicians and hospitals in each USFHP program area
- USFHP offers portability to TRICARE Prime or to other USFHP programs. Enrollment fees are transferable when members move out of the USFHP service area.
- New members who are pregnant and wish to complete their prenatal care at their previous MTF may do so.
- Medicare-eligible enrollees must also agree not to use their Medicare benefits for services covered under USFHP (TRICARE Prime).
- USFHP's TRICARE Prime-like benefits do not include the Point of Service (POS) option.
 - Note, under TRICARE Prime, enrollees using POS can get non-emergency care outside their TRICARE Prime network without their primary care manager's (PCM's) authorization, but pay higher cost shares and deductibles for the privilege.

USFHP and Medicare

- Beneficiaries age 65 and older who are eligible for Medicare Part A may enroll in USFHP
- Beneficiaries are not required to be enrolled in Medicare Part B in order to qualify for enrollment in the USFHP, but are encouraged to do so
- Medicare eligible beneficiaries age 65 and older who do enroll or remain enrolled in Medicare Part B do not have copayments for services that would otherwise be covered by Medicare
- Failure to enroll or remain enrolled in Medicare Part B when eligible, will result in assessment of an annual penalty for life if at a later date they chose to disenroll from the USFHP and participate in TRICARE For Life instead.
- Beneficiaries under age 65 who are Medicare eligible because of disability must be enrolled in Medicare Part B to be eligible for TRICARE benefits, including enrollment in USFHP. These beneficiaries do not have to pay the Prime enrollment fee.

Benefits

- Outpatient surgical procedures, anesthesia, and outpatient care
- Hospitalization (inpatient care)
- Office visits to all specialists as referred by the primary care physician
- Pharmacy services and prescription medicines
- Eye exams (one per person per year, including retirees, as a self-referral to an in-network optometrist or ophthalmologist)
- Maternity and infant care
- World-wide emergency services

- Urgent care services (general health problems that require prompt attention, but are not a threat to life or limb)
- Physical, occupational, and speech therapies
- Home health care
- Durable medical equipment
- Inpatient and outpatient mental health care
- Preventive care, including annual physicals and well-child care

Enrollment

- Complete an application and submit it to the USFHP program of your choice. Applications are available on-line at www.usfamilyhealthplan.org.
- Enrollment is contingent on available space, and you must reside in the service area of a USFHP program to enroll.
- All eligible beneficiaries may enroll at anytime throughout the year.
- Enrollment in the USFHP requires a one-year commitment to receive care from the plan, unless the beneficiary moves out of the area or their eligibility status changes.
- As in TRICARE Prime, non-active duty USFHP enrollees must pay an annual enrollment fee of \$230 for one person or \$460 for a family.
- There's no enrollment fee for active duty family members.
- The enrollment fee is waived for persons who are Medicare eligible and are enrolled in Medicare Part B.

Portability

- USFHP enrollments are “portable.”
- Can transfer enrollment to another area twice during the enrollment year— as long as the second transfer is back to the original DP site of the enrollment.
- Non-Medicare enrollees may transfer from their home DP to another DP—or to an area where TRICARE Prime is offered, and become TRICARE Prime enrollees for the duration of their stay at the new location.
- Medicare-eligible USFHP enrollees may transfer from only one DP to another and back again.

Program for Persons with Disabilities

Eligibility

- The person must be a family member of an active duty sponsor.
- The Program for Persons with Disabilities (PFPWD) serves persons with two kinds of serious disabilities: persons who have moderate or severe mental retardation and those who have a significant physical disability.
- If the qualifying condition existed before reaching age 21, the beneficiary retains eligibility as long as the sponsor remains on active duty.

Purpose

The PFPWD provides financial assistance to reduce the effects of mental retardation or a serious physical disability. It is not a stand-alone program; subject to certain restrictions, it may be used concurrently with other TRICARE medical programs. The PFPWD is not an enrollment program.

Public Funds and Facilities Must Be Either Unavailable or Insufficient to Meet the Patient's Disability-Related Needs.

- In many communities, public funds are available for persons with disabilities.
 - If so, beneficiaries must get assistance from public/community sources first.
 - As a Beneficiary Counseling and Assistance Coordinator (BCAC), Health Benefits Adviser (HBA), or TRICARE Service Center staff member (TSC), you should know how to help beneficiaries find out about available services in the community and find the right public official.
- If public help isn't available or isn't enough, TRICARE Standard helps pay for covered services.
 - But beneficiaries must include with their requests for PFPWD benefits a letter from the proper public official saying why public help is unavailable or insufficient.

Note: As with the rest of the TRICARE program, all providers of services, supplies, and equipment must be TRICARE authorized.

Application

- Active duty family members, or persons acting on their behalf, who apply for benefits under the TRICARE PFPWD must show that the medical condition qualifies them for the program and that the requested benefits are necessary and appropriate.
- If a PFPWD-eligible family member is diagnosed with a medical condition requiring care beyond the scope of the nearest uniformed services hospital, as a BCAC/HBA/TSC, you may be sought to help determine whether the family member might be eligible for care under the PFPWD.
- All program benefits must be authorized in advance.
- As a BCAC/HBA/TSC, you should have guidelines on the type of information required to establish the existence of a qualifying medical condition and to establish the need for the benefits required.

Claims for Pre-Authorized Benefits

- All benefits under the program must be authorized in writing by TRICARE before any services, supplies, or equipment are received.
- A copy of the authorization should accompany the claim form.
- For all services and supplies under the PFPWD, individual providers of care must send in the HCFA 1500 claim form; institutional providers will use the UB-92 form.
- The claims should be sent to the TRICARE claims processor for the region where the patient lives.
- For general medical care of the disabled person, patients or their family members must file claims using the DD Form 2642 (“Patient’s Request for Medical Payment”). Anyone under the PFPWD—no matter what age—is covered for general medical care.

If the active duty member is transferred, the beneficiary must get new benefit authorizations after they move. Beneficiaries should be provided with the name and phone number of the BCAC/HBA/TSC at the new location to help with this.

If the beneficiary needs to change the provider listed on the benefit authorization form, he or she must ask for a new benefit authorization.

Cost

The beneficiary is required to pay part of the monthly expenses for the person's care before TRICARE Standard can help. The cost depends on the sponsor's pay grade. The following chart lists the monthly costs.

Pay Grades	Member Pays
E-1 to E-5	\$25
E-6	\$30
E-7, O-1	\$35
E-8, O-2	\$40
E-9, W-1, W-2, O-3	\$45
W-3, W-4, O-4	\$50
W-5, O-5	\$65
O-6	\$75
O-7	\$100
O-8	\$150
O-9	\$200

- Costs for one eligible person with a qualifying disability
 - After the beneficiary has paid his or her share, TRICARE will pay as much as \$1,000 per month for PFPWD benefits.
 - If the costs are more than \$1,000 in any month, the beneficiary must pay the extra amount.
- Costs for two or more eligible persons with qualifying disabilities
 - If two or more persons with the same sponsor receive services under the PFPWD, TRICARE will make sure beneficiaries won't have to pay any more than they pay for one.
 - TRICARE covers all allowable costs for the second person, as long as the beneficiary pays his or her full monthly share for the other disabled person.

Key Points

- The PFPWD is for persons who are moderately or severely mentally retarded only, or who have a serious physical disability, and who are the dependents of active duty members.
- Although the PFPWD does not require enrollment (as does TRICARE Prime, for example), beneficiaries must apply and get approval before receiving services for TRICARE to help pay the costs of care.
- Encourage beneficiaries to check with their nearest BCAC/HBA/TSC before requesting benefits under the program.
- The PFPWD benefit is limited to \$1,000 per month, except for a sponsor who has more than one family member receiving benefits through the PFPWD.
 - Sometimes, not using PFPWD benefits for diagnostic and treatment services can save beneficiaries money. They may be able to get these services under the basic TRICARE programs (Prime, Extra, or Standard), where they may have to pay only a maximum of \$1,000 in a fiscal year (this is the “catastrophic cap” on expenses for active duty families).
 - But if beneficiaries decide to use PFPWD for the needed services, and their costs exceed the \$1,000 monthly limit, those amounts in excess of the limit under PFPWD may not be cost shared by TRICARE Standard under the basic program. Because of this, it is very important that the beneficiaries work closely with their BCAC/HBA/TSC when considering using these benefits.
- Enrollment in TRICARE Prime does not affect a person’s eligibility to receive services through the PFPWD; however, all requirements of TRICARE Prime, such as using the PCM for specialty care referral, must also be met.

For More Information

Specific guidance governing this program can be obtained via the TRICARE Policy Manual at www.tricare.osd.mil/p02/C8S1_1.PDF.

TRICARE PLUS

Eligibility

- Beneficiaries not enrolled in TRICARE Prime, a civilian health maintenance organization (HMO), or Medicare HMO.
- Only beneficiaries who live within the catchment area of a participating MTF will be eligible for enrollment in TRICARE Plus, unless the MTF commander waives this requirement for good cause for a particular beneficiary.

Purpose

- TRICARE Plus was implemented to provide beneficiaries with MTF primary care management without a lock-in to an HMO-like program.
 - In other words, it provides MTF primary care access without a requirement to enroll in TRICARE Prime.
- This option is not available at all MTFs:
 - The parent Service retains oversight of the TRICARE Plus program—essentially, this is an MTF program.
 - Continued enrollment in TRICARE Plus is reviewed annually by the local MTF; beneficiaries may be disenrolled if capacity is no longer available.
- Enrollees will use their designated primary care manager (PCM) at the MTF as their principal source of health care:
 - TRICARE Plus enrollees are strongly discouraged from obtaining non-emergency primary care from sources outside the MTF where they are enrolled.
 - If the beneficiary is referred to a civilian provider for medically necessary specialty care because the care is not available in the MTF, TRICARE Standard or TRICARE Extra rules will apply.
 - For referral to services payable by Medicare, Medicare rules will apply, with TRICARE as second payer for TRICARE covered services and supplies if eligible for this benefit.
- PCM will refer the beneficiary to an MTF specialist when space is available.

Key Points

- If enrolled in TRICARE Prime, beneficiaries cannot enroll in TRICARE Plus.
- Those not enrolled in TRICARE Prime under age 65 and those 65 and over can enroll if capacity exists in the participating MTF (it's not just for TFL).
- It does not affect the TRICARE For Life benefits or other existing programs.
- There is no enrollment fee for TRICARE Plus.
- Enrollment availability in this program will be based on each individual MTF's capacity to see patients as determined locally by the facility's commander.
- TRICARE Plus is not a comprehensive health plan.
- It is not portable to other MTFs.
- TRICARE Plus enrollment is annotated in DEERS.
- TRICARE Plus enrollees are to receive primary care appointments within the TRICARE Prime access standards.

For More Information

The TRICARE Plus program is a Service-specific program. Contact the nearest MTF in your area to find out.

TRICARE Online



What is TRICARE Online?

TRICARE Online, www.tricareonline.com, is the single, secure DoD Internet portal that provides access to robust health care services and information. TRICARE Online provides an all inclusive web portal that brings MHS beneficiaries and other stakeholders stable access to health care and wellness resources. In addition, as families are relocated around the world, their MTF's address may change, but their address for access to these resources remains www.tricareonline.com.

Password Protection

- When beneficiaries register for a TRICARE Online account, access to their personal pages and information will be password protected. They should choose a password that is easy for them to remember.
 - For security purposes, their password will need to be changed every ninety (90) days.
 - The password must contain at least eight (8) characters, with at least one numeric character, one capital and lower case letter, and at least one special character.
- Beneficiaries will have three (3) chances to enter the correct password before they are temporarily locked out of the system.

- TRICARE Online strongly recommends that they do not divulge their password to anyone.
 - TRICARE Online will never ask beneficiaries for their password in an unsolicited phone call or unsolicited e-mail.
- If they forget their password, they can now go online to the Password Reset Site at <https://www.tricareonline.com/>.

Who's Eligible to Use It?

Any TRICARE eligible beneficiary

Current Features

- Personal health journals which may be customized and used to keep individual and family health information up-to-date, such as current treatments, immunizations, prescribed medications, and past medical procedures.
- More than 18 million pages of medical, health, drug interaction, and fitness information that is reliable, professionally reviewed and up-to-date.
- The ability to check medications for possible adverse reactions
- TRICARE benefit information

Coming Features

- Web-based prescription refills
- Secure messaging
 - Includes prescription renewal requests
 - Includes routine test requests
- Web-based Health Enrollment Assessment Review (HEAR)
- Appointment reminders
- Secure access to patient health record

Self-Help Features

- Be Well
 - This feature offers comprehensive health and medical information for the entire family. This section includes links to men's, women's, children's and teens' health; aging; food and nutrition; sports and fitness; medications; and daily health news updates from Reuters.

- Get Answers
 - This feature allows users to search this section for information about pharmaceuticals, symptoms, illnesses, injuries, surgical procedures, and diagnostic procedures. Access to a medical dictionary and cancer reference guide is also available.
- Take Control
 - This feature includes links to a personal health manager that offers risk assessments, health improvement programs, and a personal care health journal. It also provides links to RxChecker, a drug interaction tool, an anatomy explorer, and health calculators—on-line tools beneficiaries can use to assess their individual overall health.
- Continuing Medical Education (CME)
 - This feature offers providers CME through educational links and links to professional databases.
- Individual MTF Web Pages
 - This feature offers photos, staff information, and other details about each DoD MTF.
- Provider Web Pages
 - Providers maintain their own Web pages that contain specific clinical information to allow beneficiaries to learn more about them.

HIPAA

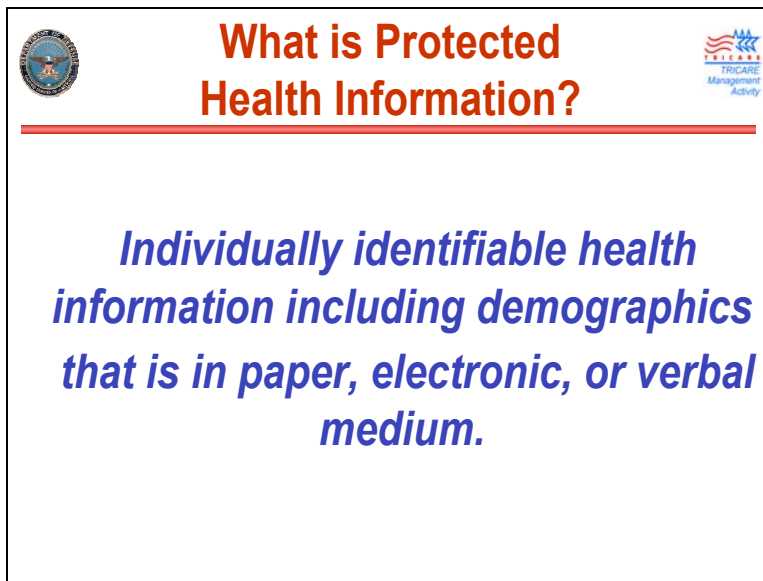
What is HIPAA?

- Health Insurance Portability and Accountability Act of 1996; Public Law 104-191
- Purpose: To improve portability of health insurance coverage; combat waste, fraud and abuse; and simplify health care administration
- Comprises three rules: Transactions and Code Sets, Privacy, and Security
 - Transactions and Code Sets and Security are technical and will be transparent to the beneficiary.
 - Privacy has the most impact on the beneficiary and workforce.

HIPAA Privacy: Who Is Affected?

- Health plans (TRICARE)
- Providers
- MTFs
- Dental Clinics
- Pharmacies
- Managed care support contractors and other business associates
- Health care clearinghouses, e.g., MCSC subcontractors

HIPAA Privacy establishes standards on the use and disclosure of protected health information (PHI).



The HIPAA Privacy compliance date is April 14, 2003.

HIPAA Privacy requires us to distribute the Notice of Privacy Practices and provide it to the beneficiary. The notice describes how the MHS may use or disclose PHI and key patient rights.

What Are the Key Patient Rights Under HIPAA Privacy?

- Right to notice of MHS privacy practices regarding their health information
- Right to request access to, or obtain a copy of PHI on file at MTF
- Right to request amendment to PHI
- Right to request an accounting of disclosures of PHI
- Right to request a restriction of uses and disclosures of PHI
- Right to file a complaint regarding health information privacy infractions

Contact your MTF Privacy Officer to get in-depth training to assist patients.

Closed Records System

Mandated by Dr. Winkenwerder, Assistant Secretary of Defense for Health Affairs.

- The system enables the MTF to maintain custody of their beneficiaries' medical records at all times.
 - The beneficiaries' medical records will never leave the MTF while they are enrolled there.
 - This eliminates the possibility of medical records being lost and ensures their availability when needed.
 - It ensures that current information such as lab reports, radiology results, medications, and treatment plans are recorded in the medical records.
 - Beneficiaries should not need to pick up and return their medical records after their appointments.
- If beneficiaries are referred for care outside the MTF and need their medical records, contact the local patient administration division, MTF privacy officer or outpatient medical records office at the MTF for guidance.

References

TMA Privacy Office – (703) 998-0189 ext. 229, Monday-Friday, 0800-1700 ET

E-mail – privacymail@tma.osd.mil

Web site – www.tricare.osd.mil/tmaprivacy

Health Insurance Portability and Accountability Act and TRICARE –

www.tricare.osd.mil/factsheets/index.cfm?fx=showfs&file_name=HIPAA%2Ehtm

TRICARE's Notice of Privacy Practices –

www.tricare.osd.mil/factsheets/index.cfm?fx=showfs&file_name=Privacy%20Practices%2Ehtm

Computer/Electronic Accommodations Program (CAP)

Mission

Providing real solutions for real needs to ensure people with disabilities have equal access to the information environment and opportunities in the Department of Defense and throughout the Federal Government

Eligibility

- DoD Employees with Disabilities
- DoD staff that needs to provide information and services to the beneficiaries with disabilities participating in the
 - Military Health System/Military Treatment Facilities
 - Exceptional Family Member Program

Purpose

- DoD established the CAP to provide equal access and services for people with disabilities.
- CAP assists MTFs in meeting communication accessibility requirements
 - Individual requirements of MTF employees with disabilities
 - Increasing communication and access for all patients
- CAP staff assists in identifying and purchasing appropriate assistive technology to increase access for beneficiaries with disabilities
 - Assistive technology for individuals who are blind or low vision, deaf or hard of hearing, and dexterity disabilities
 - Technology for individuals with cognitive, and communications disabilities
 - Training on assistive technology
 - Closed Captioning of Federally produced videos

Examples of Accommodations Include:

- For people who are blind or low vision
 - Closed Circuit Televisions (CCTV)
 - Screen magnification software
 - Screen reading software
 - Braille equipment
- For people who are deaf or hard of hearing
 - Teletypewriters (TTY)
 - Amplified telephones
 - Assistive listening devices
- For people who have dexterity disabilities
 - Keyboards and pointing devices
 - Voice recognition software

Examples of How the Accommodations Can be Used:

- Teletypewriters (TTY) for areas such as scheduling desks, waiting rooms, and pharmacies
- Assistive listening devices to enhance provider/patient consultation
- Screen magnification software, closed circuit televisions, large print, or Braille materials for reading and filling out forms

References

10 U.S.C. § 1582 SEC. 1102
DoD Directive 6000.14

For More Information

Phone: (703) 681-8813
TTY: (703) 681-0881
E-mail: cap@tma.osd.mil
www.tricare.osd.mil/cap

The Department of Justice Americans With Disabilities Technical Assistance Manual

Program Integrity

- The TRICARE Management Activity Office of Program Integrity:
 - Is the investigative arm of TRICARE
 - Provides management of the TMA anti-fraud program
 - Is responsible for national coordination and control of cases through their work with contractors, the Department of Justice, and investigative agencies
 - Provides oversight to all contractor program integrity units to ensure compliance in the area of anti-fraud activities
- Program Integrity is responsible for deterring fraud, waste, and abuse through:
 - Prevention
 - Detection
 - Coordination
 - Enforcement

What is fraud?

Fraud is any intentional deception or misrepresentation that an individual or entity does which could result in an unauthorized TRICARE benefit or payment.

- TRICARE considers the following fraudulent acts under the program:
 - Submitting claims for services not rendered or used
 - Falsified claims or medical records
 - Misrepresentation of dates, frequency, duration, or description of services rendered
 - Billing for services at a higher level than provided or necessary
 - Over-utilization of services
 - Breach of provider participation agreement

What is abuse?

Abuse is any practice by providers, physicians, or suppliers that is inconsistent with accepted medical or business practice.

- TRICARE considers the following abusive acts under the program:
 - Failure to maintain adequate medical or financial records
 - A pattern of claims for services not medically necessary
 - Refusal to furnish or allow access to records
 - Billing in excess of what is customary or reasonable
 - Pattern of waiving cost share or deductible

Who commits fraud?

- The majority of fraud is committed by dishonest physicians and other health care professionals.
 - Examples: Physicians, dentists, labs, hospitals, psychiatrists, ambulance companies, and clinics
- A lesser percent is attributed to patient fraud and abuse
- Fraud is also committed by contractors and employees

Common TRICARE referrals

- Billing for services and/or supplies not rendered
- Billing for excessive services in a 24 hour period
- Misrepresentation of services provided, provider of care, or beneficiary
- Billing for higher level of service than actually rendered
- Billing for unnecessary services or supplies

Fraud indicators

- Excessive charges by provider
- Claims with excessive or vague documentation
- Correspondence for rapid adjudication
- Reluctance of provider to submit records
- Diagnosis or treatment inconsistent with patient's age or sex
- Provider who uses post office boxes for the remit to address
- Claims with misused or misspelled medical terms
- Erasures, cross-outs, or white out
- Providers routinely billing the same procedures to each patient regardless of diagnosis
- Claims handwritten in the same ink form for both beneficiary and provider portion of claim
- Provider is not in the same geographic area as the beneficiary, particularly when patterns occur
- Excessive billing by provider for low cost items or services
- High volume of treatment for a particular condition or diagnosis
- Overlapping services on the same date
- Too many providers for same date of service
- Conflicting dates of service
- Illogical places of service

Potential outcome of cases referred to TRICARE

- Criminal conviction
- Civil settlement
- Administrative action by contractor
- Termination action
- Exclusion action—removal from the TRICARE program

Where to send potential fraud cases:

TRICARE Region North
Health Net Federal Services
(800) 977-6761

TRICARE Region South
Humana Military Healthcare Services
(800) 333-1620

TRICARE Region West
TriWest Healthcare Alliance
(888) 584-9378

TRICARE Overseas
Wisconsin Physicians Service
(888) 777-8343

Express Scripts, Inc.
(800) 332-5455, ext. 67079



United Concordia
(877) 968-7455

TRICARE Management Activity
Program Integrity Office
16401 East Centretex Parkway
Aurora, CO 80011
Phone: (303) 676-3824
Fax: (303) 676-3981

Resources

www.tricare.osd.mil
www.tricare.osd.mil/fraud
www.healthnetfederalservices.com
www.humana.military.com
www.triwest.com
www.sierramilitary.com
www.ucci.com
www.express-scripts.com

Summary

	<h3>Module Objectives</h3> 
<ul style="list-style-type: none">• Identify the special programs• Locate contact information for the special programs• Identify who is affected by HIPAA	